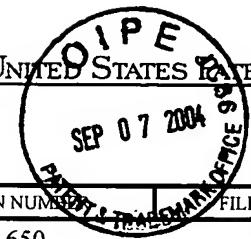


S Fcc



UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/709,650	05/19/2004	Bertil Jonsson	7589.169.PCUS00

28694
 TRACY W. DRUCE, ESQ.
 1496 EVANS FARM DR
 MCLEAN, VA 22101

CONFIRMATION NO. 8965
FORMALITIES LETTER

 OC000000013138455

Date Mailed: 07/02/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**FILED UNDER 37 CFR 1.53(b)***Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$450** for a Small Entity

- **\$385** Statutory basic filing fee.
- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents

09/09/2004 MAEKONEN 00000038 10709650
 P.O. Box 1450
 Alexandria VA 22313-1450

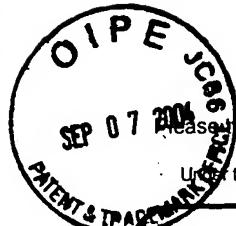
01 FC:1001 770.00 DP
 02 FC:1051 130.00 DP

B-44
*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/709,650

Filing Date 05/19/2004

First Named Inventor

Group Art Unit 3746

Examiner Name **Unknown**

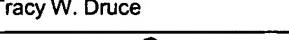
Total Number of Pages in This Submission

Attorney Docket Number 7589 169 PCUS00

ENCLOSURES (check all that apply)

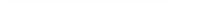
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>	
Form PTO-2038; and Postcard.			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Remarks</td> </tr> </table>			Remarks
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	NOVAK DRUCE, LLP Tracy W. Druce
	
Date	09/02/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence and any attachments referred to herein are being deposited with the United States Postal Service with sufficient postage as first class mail in and envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **09/02/2004**.

Typed or printed name	Daniel Hernandez		
Signature		Date	02 SEPT 2004



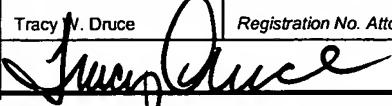
FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 900

Complete if Known	
Application Number	10/709,650
Filing Date	05/19/2004
First Named Inventor	JONSSON
Examiner Name	Unknown
Group / Art Unit	3746
Attorney Docket No.	7589.169.PCUS00

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number <input type="text" value="141437"/>					3. ADDITIONAL FEES Large Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Small Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 130 127 50 227 25 Surcharge - late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 400 216 200 Extension for reply within second month 117 920 217 460 Extension for reply within third month 118 1,440 218 720 Extension for reply within fourth month 128 1,960 228 980 Extension for reply within fifth month 119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,280 241 640 Petition to revive - unintentional 142 1,280 242 640 Utility issue fee (or reissue) 143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17 (q) 126 180 126 180 Submission of Information Disclosure Stmt 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) _____				
Large Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Small Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Fee Description 101 740 201 370 Utility filing fee 770 106 330 206 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee SUBTOTAL (1) (\$ 770)									
2. EXTRA CLAIM FEES Total Claims <input type="text"/> - ** = <input type="text" value="0"/> X <input type="text"/> = <input type="text" value="0"/> Independent Claims <input type="text"/> - ** = <input type="text" value="0"/> X <input type="text"/> = <input type="text" value="0"/> Multiple Dependent <input type="text"/> X <input type="text"/> = <input type="text" value="0"/>									
Large Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Small Entity <input type="checkbox"/> Fee Code <input type="checkbox"/> Fee (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$ 0)									
** or number previously paid, if greater; For Reissues, see above									
					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 130)				

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Tracy N. Druce	Registration No. Attorney/Agent)	35,493	Telephone	202.293.7333		
Signature					Date	09/02/2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.